



2017 LPHA Legislative Priorities



Increase Local Public Health Grant Funding (HF614 / SF1144)

- Minnesota's local public health system serves to protect and promote the health and safety of our communities, but an over-reliance on local tax levies and a series of funding cuts have stressed the system, limiting its capacity to carry out core responsibilities and respond to emerging public health issues like mental health, opioid abuse, terrorist attacks, and new infectious disease threats (e.g., Ebola, Zika).
- Local tax levies are the single largest funding source for local public health—accounting for 32% (more than \$107 million) of all expenses. In total, 47% of local public health funding is locally-generated.
- The Local Public Health Grant is one of the state's main investments in local public health's core responsibilities, which are mandated by the Local Public Health Act (MN Stat. 145A).^{*} Like local tax levies, the Local Public Health Grant provides flexible funding, yet it accounts for just 6% of local public health expenses and has decreased as a percentage of total expenditures over time.
- The flexibility of the Local Public Health Grant makes it unique from other state and federal funding because it gives local governments local control to direct dollars where they are needed most.
- The LPHA supports a significant, statewide increase in funding for the Local Public Health Grant in order to restore local public health capacity for core responsibilities, address emerging public health issues and relieve local tax levies, which have increasingly carried the burden of communities' expanding needs.

Increase MA Reimbursements for Family Home Visits (HF1385 / SF1143)

- Family home visits are an effective way to prevent child maltreatment, promote healthy childhood development and foster self-sufficiency among Minnesota's most at-risk families—all of which help reduce health care and public program costs. However, the current minimum MA reimbursement rate falls far short of covering the cost of services, leaving counties to rely heavily on local tax levies to fill gaps.
- The LPHA supports increasing the minimum MA reimbursement for family home visits in order to provide needed resources to maintain and strengthen family home visiting programs that lessen the negative impacts of poverty and improve outcomes for children of our most at-risk families.

Maintain Statewide Health Improvement Partnership (SHIP) Funding

- SHIP strives to reduce health care costs and chronic disease rates by creating more opportunities for Minnesotans of all ages to eat healthy, be active and live tobacco-free. The Minnesota Legislature allocated nearly \$35 million to SHIP for the 2016-2017 biennium, with funding supporting grants to local community partners in all 87 counties and 10 tribal nations. Nearly 2,300 partner sites are engaged.
- Minnesota's adult obesity rate has dropped significantly to 26.1%, a rate firmly below our neighboring states of North Dakota, South Dakota, Wisconsin and Iowa. This achievement is due in part to the innovative partnerships supported by SHIP, but health disparities highlight the need to do more.
- The LPHA supports maintaining statewide, stable funding for SHIP to help all Minnesotans live healthier, longer lives and drive down state health care costs.

^{*} The **Local Public Health Act (MN Stat. 145A)** mandates that local public health agencies fulfill 6 areas of responsibility: Assure an adequate local public health infrastructure (e.g., assessments and planning); Promote healthy communities and healthy behaviors (e.g., healthy aging, nutrition, healthy pregnancies, physical activity); Prevent the spread of infectious disease (e.g., tuberculosis, STDs/STIs); Protect against environmental health hazards (e.g., foodborne illness outbreaks, public health nuisances); Prepare for and respond to disasters and assist communities in recovery (e.g., flooding, tornadoes, terrorist threats); and Assure the quality and accessibility of health services.

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